PCI DSS Annual Training - Group Training Form:

Department: _____ **ORG ID:**_____

Payment Card Department Contact:_____

Contact Phone: _____ **Contact Email:** _____

Date of Training: _____

By signing below, signers attest to viewing the PCI DSS Annual Training and that the items below will be followed to maintain confidentiality of all payment card data.

- I will maintain the confidentiality of my password and will not disclose it to anyone.
- I will utilize payment card data for University business purposes only.
- I accept all responsibilities associated with my personal access to any and all customer payment card data information while processing transactions.
- I have completed the annual PCI DSS training.
- I have read, understand, and agree to abide by the University of Utah Payment Card Acceptance/E-Commerce Policy.
- I will have read, understand, and agree to abide by my department's payment card procedures regarding the proper storage, protection, and disposal of payment card data. I will ensure that any such data is shredded, truncated, or redacted as per the Payment Card Industry Data Security Standard.

Printed Name	UNID	Signature	Date

Printed Name	UNID	Signature	Date